Michelle P. Waiver (MPW) Questions from Training Parking Lot

Monday – SCL Providers (primarily)

1. Will there be a provider tax in MPW (similar to the one in SCL)?

No, in the Michelle P. Waiver there is not a provider tax.

2. Define case management.

907KAR1:835E, the MPW services and reimbursement regulation, describes case management as follows, Section 7(3) (c). Case management services:

- Consist of coordinating the delivery of direct and indirect services to a MPW waiver recipient;
- Include monthly contact with the waiver recipient through a face to face visit at the recipient's home, in the ADHC or at the adult day training provider's location;
- Assure that service delivery is in accordance with the recipient's plan of care;
- Include development of a plan of care that is completed on the MAP-109 using person-centered guiding principles; reflects the needs of the waiver recipient; lists goals, interventions and outcomes; specifies the services needed, including amount, frequency and duration of services; provides for a reassessment at least every 12 months; is developed and signed by the case manager and waiver recipient, family member or legal representative;
- Include documentation as specified in the regulation;
- Inform the recipient or legal guardian of the choice to receive MPW or institutional services and document by having the recipient or guardian sign a MAP-350.

The Michelle P. waiver application provides a more extensive description of case management service, as follows:

Case management involves working with the member and others identified by the member, such as family member(s), in developing a Plan of Care (POC) under the traditional model of service delivery. Utilizing person centered processes (including planning), case management assists in identifying and implementing support strategies. Support strategies will incorporate the principles of empowerment, community inclusion, health and safety assurances, and the use of informed supports. Case managers will work closely with the individual to assure ongoing satisfaction with the process and outcomes of supports, services, and available resources.

Case management means face to face and related contacts to make arrangements for activities which assure: the desires and needs of the member are determined; the supports and services desired and needed by the member are identified and implemented; housing and employment issues are addressed; social networks are developed; appointments and meetings are scheduled; a person-centered approach to planning is provided; informal and community supports are utilized; the quality of the

supports and services as well as the health and safety of the individual are monitored; income/benefits are maximized based on need; activities are documented; and plans of supports/services are reviewed at such intervals as are indicated during planning.

3. ***How will referrals be done to ensure freedom of choice?***
Potential MPW members and their families have the right to choose any HCB or SCL provider for their services including case management. When the assessment is done, the assessment provider discusses all available service providers with the member, who chooses a case management provider. Each case management provider is required to discuss available service providers with the member, who then chooses providers. The member signs the MAP-351 (Section II) and MAP-350 (Section III) which also indicate freedom of choice of service providers has been explained.

4. ***Can a group home resident receive MPW services?***
Yes, an individual who lives in a group home or family care home, and is not served through another Medicaid waiver, may be eligible for Michelle P. services. In developing this individual's plan of care, the case manager must be careful to avoid duplication of services. The group home or family care home setting is responsible for providing a range of services, including such services as personal care, homemaking, and community living supports to meet the needs of their residents. These services may not also be provided through MPW. As a general rule, the MPW services which are not likely to be provided by a group or family care home include adult day health care, adult day training, supported employment and behavioral supports.

5. ***Can someone receive Hart Supported Living and MPW services?***
Yes, someone receiving Hart Supported Living may receive MPW services as long as there is no duplication of services.

6. ***What is the rationale behind an independent assessment/ reassessment team?***
In the Michelle P. Waiver, assessment and reassessment are contracted functions between the Department for Medicaid Services and the Community Mental Health Centers. The Community Mental Health Centers have a network across our Commonwealth with services in every county. They offer consistency of assessments regionally because of their teams that are in place and have experience in working with this population.

7. ***Clarify personal care service: can it be done at a job site or must it be done at home?***
Personal care service is defined in 907 KAR 1:835 as age appropriate assistance with eating, bathing, dressing, personal hygiene, or other activities of daily living provided by direct care staff to a MPW recipient who does not need highly skilled or technical care, and for whom services

are essential to the recipient's health and welfare, and not for the recipient's family. This service must be provided at home. If, for example, ADL assistance is needed during supported employment then the staff providing supported employment would take care of the need as it would be part of supported employment.

8. ***How many estimates are required for the MAP-95 minor home adaptation process?***
One estimate and a doctor's order are required for environmental and minor home adaptation. In the Consumer Directed Option the cost is indicated on the MAP-95.

9. ***Will SCL providers' medication error reporting forms continue to be due monthly?***
Yes, follow all rules related to medication error reporting required in SCL. Designate that the report is regarding a MPW member.

10. ***Will SCL providers do one med error form for SCL and a separate one for MPW or may it be combined on one form (SCL and MPW together)?***
Currently complete one report and indicate which waiver the person is in.

11. ***Can ADHC's be DME Providers?***
To be a Medicaid DME provider, a provider must have an active Medicare DME provider number and adhere to CMS supplier standards in 42 CFR 424.57.

12. ***What is billable time for case management (writing plan, documentation, holding meeting, etc.)?***
Case management functions that are billable include those that occur face to face with member, as well as services performed on behalf of that individual (such as phone calls which affect day to day living). The billable functions are activities performed to co-ordinate and monitor services for the member. Documentation time is not considered billable.

13. ***Will other qualified providers doing case management (such as PT, OT, Life Manager, etc) be considered?***
Other qualified providers may perform the case management function if they meet the criteria as established in 907 KAR1:835E: "bachelor's degree from an accredited institution in a human services field, RN, LPN, Qualified social worker, LMFT, LPCC, Certified psychologist or licensed psychological practitioner and supervised by a QMRP".

14. ***May behavioral support (monitoring for functional analysis) and adult day training be billed for the same waiver member at the same time?*** While it is necessary for the behavior specialist to assess the individual in his/her usual environment, meaning the ADT environment in this situation, it is not feasible to bill Medicaid for both services at the same time, due to the 40 hour weekly limit on Michelle P. services.

(For example: the person would be signed out from the ADT during the behavioral support service then signed back in to ADT upon completion of the behavioral support service.)

15. Must the case manager be available 24/7 as in other waivers?
According to 907 KAR 1:835E, the case manager shall "Assure that service delivery is in accordance with a Michelle P. waiver recipient's plan of care;". The regulation does not state that the case manager must be available 24 hours per day 7 days per week.

Tuesday - AAA's

1. What about the option of keeping AAA as support broker if currently in another waiver with them as a support broker?
Yes, after implementation the decision was made that the AAA may remain the support broker if they were previously providing the support broker function to the recipient in another waiver prior to the recipient moving to the Michelle P. Waiver. See Commissioner Johnson's 9-10-08 memorandum.

2. How do we ensure the transition of services process from AAA to CMHC?
The transition of services for a MPW recipient should be accomplished by following the Transition Policy previously distributed for those SCL and ABI recipients being transitioned from the AAA to the CMHC.

TRANSITION POLICY

Statement of Policy and Purpose

It shall be the policy of the Area Agency on Aging and Area Development District to develop and follow a transition policy for participants served through SCL/ABI for the purpose of coordinated care and uninterrupted services for the CDO participant.

Procedure

A. The AAA/ADD shall document evidence that supports a graduated transition has occurred for all CDO participants that include but are not limited to the following:
   1. The Support Broker will provide a copy of the participants file within three business days of the participants' choice to transition to the CMHC, via U.S. Mail or directly delivered to the CMHC. The client's original file will be kept with the AAA/ADD.
   2. CMHC must complete the following documents MAP-2000 and the MAP-24 (MPW) or MAP-24C (SCL and ABI) to transition the participant from the AAA/ADD to the CMHC. All documents will be submitted to the QIO via fax at (800) 807-7840.
   3. The AAA/ADD shall continue to provide services until the support broker of the CMHC confirms receipt of the prior

authorization approving the CMHC to provide support brokerage service.

This transition process is complete.

3. Is respite on a calendar year or year from PA date to PA date?

MPW respite is per calendar year. If you encounter a problem with claims denying due to a PA date call your EDS representative, if you have no resolution after that call you may contact DMS staff.

Wednesday -HCB Providers (primarily) and SCL Providers

1. ***When the MPW assessment is done on a current HCB recipient does the HCB provider continue to provide services and will they be paid if the LOC given for MPW and MAP 24 done?***

Yes the HCB provider continues to provide services until the PA for MPW service is issued. At the time of PA, the HCB provider does the MAP-24 to discharge the person from HCBW. The MPW provider does the MAP-24 to admit the person to MPW.

2. ***Will the waiver segments overlap during the transition from HCB to MPW?***

There will not be overlapping segments. If a problem occurs please contact us so we can correct it.

3. ***If an ADHC is providing case management can the RN at the ADHC be the case manager?***

No, the RN cannot do case management if he/she provides services at the ADHC site. This would be inconsistent with the MPW requirement that the case manager may not provide direct services.

4. ***If services weekly are 40 hours of ADT one week and 30 hours of ADT the second week with 10 hours of other services – can the PA be issued from MAP-351 for week 1 and week 2 even though the services may be different?***

Prior authorizations are issued on a monthly basis, not weekly. To arrange the varying weekly schedules described above, the case manager should indicate the schedules by week on the Plan of Care. When requesting the PA, the case manager will request the monthly total for each service which may then be used in different quantities during each week of the month, as indicated on the Plan of Care. As long as monthly services do not exceed the monthly PA, varying service levels within the month is permissible. If a change is needed in the service units included in the prior authorization, the case manager will have to request a modification.

5. ***Can out of school 19-20 year old people go to ADHC? Also can a 21 year old attend an ADHC?***

Per 907 KAR 1:835E Section 7(3) (o)”An ADHC service which shall: 1. Be provided to a MPW recipient who is at least twenty-one (21) years of age”.

An exception to this would be an ADHC providing Adult Day Training. Per 907 KAR 1:835E Section 7 (3) (l)10.a. “Be provided to recipients age twenty-two (22) or older; or b. Be provided to recipients age sixteen (16) to twenty-one (21) as a transition process from school to work or adult support services;”

6. ***Can a person receive transportation vouchers to offsite ADT (Currently in SCL yes and HCB no)?***
In addition to transportation available to all Medicaid recipients to medical appointments, transportation is authorized for recipients who are transported to off-site Medicaid providers for ADT services only.

7. ***What is the bill type for HH providers for MPW (It is 441 for HCB services)?***
The bill type or provider type remains the same as you are currently using.

8. ***Can MPW claims be batched with HCB claims when sent to EDS?***
Yes they can.

9. ***If billing ADHC under NPI do I need to go back to using the 43 or get a new NPI for MPW?***
You may use your current number (no new NPI or provider number is needed.

10. ***Will the 60 day time frame be required to start services (Relates to when the client goes to DCBS to apply for Medicaid eligibility) (Also relates to PA some local offices require a PA to determine eligibility)?***
The PA a local DCBS office receives is no longer on paper. It is now transferred via computer system from SHPS to DCBS.